## Pennsylvania Department of Health

			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 10/31/2022	
NAME OF PROVIDER OR SUPPLIER: PHILADELPHIA NURSING HOME STATE LICENSE NUMBER: 163902		STREET ADDRESS, CITY, STATE, ZIP CODE: GIRARD AND CORINTHIAN AVES PHILADELPHIA, PA 19130				
			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  (X5) COMPLET DATE		COMPLETE
Based on the facility's notification of a closure, a closure survey was completed on October 31, 2022, at Philadelphia Nursing Home, it was determined that all residents had been relocated.			P 0000			
DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	
	VIDER OR SUPPLIER: LPHIA NURSING HOME E NUMBER: 163902  SUMMARY STATEMENT MUST BE PRECEDIFICENTE.  INITIAL COMMENT  Based on the facility's closure survey was cor 2022, at Philadelphia N determined that all resi	VIDER OR SUPPLIER: LPHIA NURSING HOME  E NUMBER: 163902  SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)  INITIAL COMMENT  Based on the facility's notification of a clos closure survey was completed on October 2022, at Philadelphia Nursing Home, it was determined that all residents had been relocated to the complete survey was completed on October 2022, at Philadelphia Nursing Home, it was determined that all residents had been relocated to the complete survey was completed on October 2022, at Philadelphia Nursing Home, it was determined that all residents had been relocated to the complete survey was completed on October 2022, at Philadelphia Nursing Home, it was determined that all residents had been relocated to the complete survey was completed on October 2022, at Philadelphia Nursing Home, it was determined that all residents had been relocated to the complete survey was completed on October 2022, at Philadelphia Nursing Home, it was determined that all residents had been relocated to the complete survey was completed on October 2022, at Philadelphia Nursing Home, it was determined that all residents had been relocated to the complete survey was completed on October 2022, at Philadelphia Nursing Home, it was determined that all residents had been relocated to the complete survey was completed to	RECTION (POC)  IDENTIFICATION NUMBER:  395478  STREET ADDRESS, GIRARD AND PHILADELPH  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENT  Based on the facility's notification of a closure, a closure survey was completed on October 31, 2022, at Philadelphia Nursing Home, it was	A BLDG: 395478  STREET ADDRESS, CITY, STATE, ZI GIRARD AND CORINTH PHILADELPHIA, PA 191  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENT  Based on the facility's notification of a closure, a closure survey was completed on October 31, 2022, at Philadelphia Nursing Home, it was determined that all residents had been relocated.	A BLDG: _90 _B WING:	RECTION (POC)  1939478  STREET ADDRESS CITY, STATE, 7P CODE: GIARD AND CORNTHILAN AVES PHILADELPHIA, PA 19130  SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUATIONY ON LSC IDINITITY ING INFORMATION)  FINTILAL COMMENT  Based on the facility's notification of a closure, a closure survey was completed on October 31, 2022, at Philadelphia Nursing Home, it was determined that all residents had been relocated.

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## **Certified End Page**

## PHILADELPHIA NURSING HOME

STATE LICENSE NUMBER: 163902 SURVEY EXIT DATE: 10/31/2022

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY